

For that reason, today Mr. GILMAN and I were able to announce our joint efforts to secure a hearing in the Armed Services Committee on our respective legislative proposals.

If our American men and women are willing to risk their lives to defend this great nation, the least we can do is ensure their questions of safety have been adequately answered before requiring them to take it.

It is important to respond to this issue before a small readiness problem affects the entire force.

I am hopeful that all of our colleagues will join us in working to achieve that goal.

TOBACCO AND U.S. INTELLIGENCE ISSUES

HON. BERNARD SANDERS

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. SANDERS. Mr. Speaker, I submit for printing in the RECORD statements by high school students from my home State of Vermont, who were speaking at my recent town meeting on issues facing young people today. I believe that the views of these young persons will benefit my colleagues.

TOBACCO

(On behalf of Sara Sinclair)

Sara Sinclair: Hi. My name is Sara Sinclair.

I'm here to talk about an issue that in many ways relates to nationwide health care, and in many ways would make it more feasible, and that is tobacco control.

Right now in the state of Vermont, 36 percent of our peers are addicted to nicotine, which is the active drug in tobacco. 2,000 of us become addicted to it every year, and roughly 12,000 of us, alive and in high school now, will die because of tobacco use. And personally, that scares me a whole bunch.

I remember when I was in elementary school—I will be graduating next year; I am a junior this year—and we were the Smoke Free Class of 2000. In elementary school, we had all these wonderful programs, and everyone said, "Okay, I'm not going to smoke, I'm not going to smoke." And as time wore on, we got into high school, and the program sort of fell away. And now I look at my peers, and I see a huge number of them addicted to tobacco. Their skin is becoming wrinkled. They get shaky when they don't have their cigarette. They have this strong need for it.

And it's very frightening for me to see my peers addicted to that so early, and to know that they will probably suffer long-term effects from their tobacco use now. I have a ten-year-old sister right now who says, "I'm not going to smoke, I'm not going to smoke." And I hope she will be able to hold true to that. But I fear that, even if she does, that many of her peers won't.

I think that the government needs to take strong steps to prevent tobacco use in children and in teens, because it is a very serious issue. And even though people say, sometimes, "Oh, teens are going to do whatever they want no matter what," there are effective programs out there. I believe, in the state of Massachusetts, the smoking rate amongst pregnant mothers was cut in half by one particular program. And I believe that there are effective programs out there that need to be organized by our government. Luckily, our state government here in Vermont has taken steps in that direction,

but we need it on a nationwide level, we need it to be comprehensive, it needs to start before a child is in school, in their preschool, on television, in the newspapers, and it needs to continue right up through adulthood.

I also believe that there should be programs out there to help adults, like my father right now, who is addicted to nicotine and struggling with it. He is having an awful time quitting. And there needs to be a program out there to help people like him get rid of his addiction.

Congressman Sanders: Thank you for a very strong presentation.

U.S. INTELLIGENCE ISSUES

(On behalf of Bethany Heywood and Laura Freeman)

Bethany Heywood: How would you feel if a total stranger demanded your money and wouldn't tell you what it was being used for, but assured you it wouldn't be misused? Would you trust this person? Of course not. But this is essentially what the CIA does to the American taxpayer, and with their track record, we certainly shouldn't trust them to use our money properly.

Taxpayers don't even know how much money the CIA receives, although a rough estimate is \$3.1 billion per year. In the past, the CIA has used a substantial part of its budget to finance covert operations, many of which we are just finding out about. Details of covert operations aren't declassified until decades after the actual event. Conveniently, by the time a covert operation is disclosed, any public outrage that might have erupted will have been squelched by the time lapse.

Whether they're in the past or not, some of the CIA's actions have been inexcusable: Assassinations, attempted assassinations, massive propaganda efforts to prevent undesirable people from winning foreign elections, operations to topple democratically elected foreign leaders from power, internal spying on American citizens, extensive mind control experiments conducted at universities, prisons and hospitals. The list goes on and on. Are these activities the government should be spending money on?

Although the CIA is prohibited from engaging in assassinations, attempts have been made to assassinate quite a few foreign leaders. Some of the targets have been Castro, DeGaulle, Khadafy, Khomeini and Hussein, just to name a few. One of the CIA's supposed restrictions is that its limited to intelligence operations on foreign soil only. Apparently, the CIA has trouble discerning foreign soil from American soil, because, in the 1970s, 300,000 Americans considered potentially dangerous to national security were indexed in the CIA computer. Citizens considered particularly dangerous were placed under surveillance, with bugs in their phones, microphones in their bedrooms, or warrantless break-ins into their homes.

One way to stop the CIA's activities would be to cut CIA funding so there isn't enough for covert operations. Right now, the president can direct the CIA to undertake a covert operation, and is advised to do so by the National Security Counsel, or NSC. Members of the NSC are appointed by the president. This does not represent a diversity of people and ideas, because the president is going to pick people who will agree with him. If the members of the NSC were democratically elected, the abuse of power by a small group of like-minded individuals could be stopped.

Another way to make the decision of whether or not to go ahead with the covert operation more democratically decided would be to have congressional oversight. This might be seen by some as too great a threat to CIA authority, but would prevent unethical abuse of power.

The problems with CIA covert operations and abuse of power won't go away overnight, but steps can and should be taken to limit and hopefully eliminate covert operations.

Laura Freeman: I am speaking on the School of the Americas.

Would you willingly arm a murderer? Would you support the education of some of the worst human rights violators in this hemisphere? Would you finance a school which trained its graduates in the most effective ways to interrogate, including torture, blackmail and execution?

Whatever the answer of American citizens, every year, \$20 million go from the taxpayers to a school that does exactly these things. The School of the Americas, or SOA, was started in Panama in 1946. Its original purpose was to train Latin Americans in military techniques, which would allow them to create stable democratic governments in Latin America, as well as repress communist activities and revolutions.

SOA students learn combat skills, military intelligence, commando tactics, sniper training, torture techniques, and psychological warfare. Most of the courses revolve around what they call counterinsurgency, states Father Roy Bourgeois, a priest who has dedicated his time to protesting the SOA.

Who are the insurgents? They are the poor. They are the people in Latin America who call for reform. They are the landless peasants who are hungry. They are healthcare workers, human rights activists, labor organizers. They become the insurgents. How do the graduates of the School of the Americas use their skills? They murder priests and archbishops, missionaries, and, perhaps worst of all, civilians, their own people.

With the advent of the SOA's move to Fort Benning, Georgia, the school has become something we are less and less able to disassociate from. As Father Bourgeois said: "We are talking about a school of assassins right here in our backyard, being supported by our tax money. It's being done in our name."

What can we do to clear our name of this stain? The answer is simple: Close the School of the Americas. We must act to save the lives of people all over Latin America. To quote Salvadorian Archbishop Oscar Romero, "We who have a voice, we have to speak for the voiceless."

THE INTRODUCTION OF THE OMNIBUS LONG-TERM CARE ACT OF 1999

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. MARKEY. Mr. Speaker, I am pleased to join my good friend PETE STARK today as we introduce a comprehensive long-term care bill. PETE and I have been concerned about the long-term care needs of seniors, near-seniors, and the disabled for quite some time—and PETE has been a real leader on this issue in the Congress. In the remarks Rep. STARK has made for the RECORD, he gives an excellent summary of our bill. We hope that our bill begins to get Congress and the American people focused on the issue of long-term care because doing something about people's long-term care needs will be one of our Nation's biggest challenges in the next century.

This bill contains a number of important provisions. It's got a \$1,000 refundable tax credit for family caregiver expenses. The legislation

makes some changes to Medicare which will result in the program being more useful to beneficiaries with chronic care needs that are best met in the home or in adult day care and other community-based settings. We clarify the definition of homebound. We've got provisions to enhance and ensure that our Nation's nursing homes are top-notch. We also incorporate President Clinton's proposal permitting Federal employees to buy long-term care insurance at group rates through the Office of Personnel Management and require that a plan be developed to allow all Americans to buy these types of policies—all the while paying special attention to the highest consumer protection standards. We have adopted the President's proposal to create a family caregiver support program through grants to the States. Our bill will extend Medicare eligibility to family caregivers who are qualified to receive the tax credit. And finally, we protect family caregivers who must leave the workforce to care for a loved one by making them eligible for Social Security credits to protect their retirement income.

This legislation is not perfect. We will need to iron out some kinks along the way. But it is a beginning. It will be expensive and we don't specify from where the money will come. Earlier this year, I proposed the 2 Percent Solution—using 2 percent of the projected future budget surplus to fund a long-term care program for in-home and community-based chronic care and respite care. I offered the proposal as an amendment in the Budget Committee and every Republican voted against it—a party line vote. The Republicans needed every penny they could find to pay for \$800 billion in tax cuts. Surely, we can do better. This problem is not going to go away.

One of the greatest American achievements of the 20th century has been our ability to increase life expectancy. From the dawn of time to the year 1900, the average life expectancy in the United States was 47 years. Over the last 99 years, we have nearly doubled the life expectancy of Americans. We have done so with a massive infusion of Federal research dollars, and through thoughtful and compassionate programs that provide health care for millions of Americans—Medicaid and Medicare.

What of the quality of that longer life however? I believe we have a moral obligation to ensure that people who are living longer are not living sicker and poorer.

Today, Alzheimer's Disease is on track to wreak havoc on our nation's health care system and leave millions of American families in emotional and financial ruin. The disease affects over 4 million people nationwide and will affect as many as 14 million by 2050. Alzheimer's patients will symptomatically lose ability to perform routine tasks, and suffer impaired judgment, personality change and loss of language and communication skills. More than 7 out of 10 people with this disease live at home. Their caregivers are not wealthy, yet they spend on average \$12,500 per year to support the person with Alzheimer's they are caring for. They work hard, but often must leave, reduce, or change employment to care for their loved ones. Ninety percent of Alzheimer's caregivers are giving care to a relative, and an overwhelming majority, 75 percent, of caregivers are women. Studies have shown that the typical family caregiver is in her 70's and has two chronic health problems.

Of course, the real tragedy of Alzheimer's is the human cost associated with the disease—it ravages patients and caregivers. For millions, being an Alzheimer caregiver means giving up more hours for more years and more money. It means less time, less energy, and fewer resources for other family members, for dear friends, and for the caregivers themselves.

Alzheimer's is now the third most expensive disease in our country after heart disease and cancer, and yet the federal commitment to Alzheimer's research is three to five times less than the commitment the government has made to research on those other diseases. Last year, I led the effort to have Congress increase Alzheimer's funding at NIH by \$100 million—we got \$50 million. This year I'm working to increase that funding by \$100 million again.

Alzheimer's Disease is only part of the problem, however. We have a chronic care crisis in our country today. Without a coherent and comprehensive approach to care for people with disabling chronic conditions, this situation will only worsen. People with chronic diseases and disabilities will continue to suffer the consequences of deteriorating health if a strategy is not implemented to meet their long-term care needs.

As part of that strategy, we must recognize that there are thousands of spouses and other family members struggling to provide care for their loved ones in their homes each year. A new study in the latest issue of Health Affairs estimates the current market value of unpaid caregiving to adults who are disabled or chronically ill to be nearly \$200 billion a year.

These family caregivers are heroes—they fill a virtual “no care zone” where loved ones have no chronic care coverage but still have chronic care needs that require monitoring, oversight, and assistance.

The cuts passed as part of the Balanced Budget Act have had a devastating impact on real people's lives. In my district, one hospital has closed and two have been radically altered—one of them became a “hospital without beds” performing only outpatient day surgeries and closing its emergency room and maternity ward. Home health agencies and community health centers are closing. And the community hospital system serving my hometown of Malden and the surrounding communities has slashed its home health visits from 470,000 in 1997 to 332,000 in 1998 and they estimate only 260,000 for 1999. 1,400 patients have been cut from the system's home health care roster.

The Congressional Budget Office is having a hard time explaining the remarkably slow rate of growth in Medicare. At the same time, the CBO has drastically miscalculated the level of Medicare cuts attributable to the Balanced Budget Act. The CBO now predicts that the BBA will result in \$207 billion in “Medicare savings” over the 1997–2002 period, nearly double its August 1997 estimate of \$112 billion. The collapse of Medicare growth will result, in budget terms, in over \$63 billion in unanticipated savings in the next three years. These unanticipated savings should be redirected to their unintended victims.

Our plan will help to alleviate some of the pain caused by the BBA and ease the burdens of patients and families affected by conditions like Alzheimer's, Parkinson's, Congestive Heart Failure, Multiple Sclerosis, Cerebral

Palsy, Spinal Cord Injury, Muscular Dystrophy, and Stroke to name a few.

Our bill will help these caregivers in many different ways—through refundable tax credits, and a change in Medicare to better meet beneficiaries' chronic care needs at home or in adult day care and other community-based settings to name just a few.

This legislation is not perfect. But it is a beginning. It will be expensive—but I think there is a compelling argument to be made that long-term care needs to be at the top of our priority list. In 1995, Republicans were prepared to let Medicare “wither on the vine.” In 1997, in the mad rush to pass the BBA the Republicans said Medicare is too expensive, and by the way, we need to cut it to pay for a tax cut. So in 1997 they chose Millionaires over Medicare. Earlier this year, I proposed the 2 Percent Solution—using 2 percent of the projected future budget surplus to fund a long-term care program for in-home and community-based chronic care and respite care. I offered the proposal as an amendment in the Budget Committee and every Republican voted against it—they said covering long-term care through Medicare is too expensive, and by the way, we need every penny to pay for \$800 billion in tax cuts. So, despite a soaring economy that's filling the pockets of the wealthy, and despite the fact that the Republicans gave them a Balanced Budget Bonus in 1997, the 1999 atrocity is their choice of Billionaires over Beneficiaries.

What's worse, in 10 years, just as the first wave of baby boomers is set to retire—the price tag for the second 10 years of this year's Republican tax cut will explode to nearly \$3 trillion. Surely, we can do better.

We have entered a new era in Washington—an era with surplus as far as the eye can see—an era when the stock market is soaring, unemployment is at record lows, and American prosperity is unparalleled in the world. We can afford to give America's caregiver heroes help—PETE STARK and I have a plan which will send the message to these heroes that help is on the way.

I am pleased to join in introducing this bill today. Rep. STARK and I will be devoting a lot of time and energy recruiting members who care deeply about the long-term care crisis in our country—together we will be working on solutions for patients, for caregivers, and for families managing the impact of chronic and disabling conditions on their everyday lives. We look forward to working with our colleagues in the weeks and months to come building the coalition and passing legislation to bridge the gap between need and coverage for people suffering from chronic illness and disability in our country.

OPPOSING THE BURTON AMENDMENT

HON. RUSH D. HOLT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. HOLT. Mr. Speaker, for the last few years, my distinguished colleague from Indiana, DAN BURTON, has been introducing legislation to either eliminate or greatly reduce development assistance to India unless certain conditions with regards to human rights are